



2020-2021

## Senior Tax Assistance Match Program (STAMP) APPLICATION INSTRUCTIONS

**Application Deadline- September 1, 2020**

The Senior Tax Assistance Match Program (STAMP) provides tax relief to low-income senior citizens who live in the City of Saco. To qualify, applicants must be 70 years of age or older and have lived in Saco for 10 consecutive years. Applicants must also have received a Maine Property Tax Fairness Credit for the tax year prior to the STAMP application. The application deadline is September 1, 2020; however, all applicants must file an application for the Maine Property Tax Fairness Credit by **April 15, 2020**. If you do not qualify or did not receive a rebate under the State program, you will **not** be eligible for the City of Saco Senior Tax Assistance Match Program.

### **Application instructions are below:**

1. Fully complete the program application available at City Hall or online at [www.sacomaine.org](http://www.sacomaine.org).
2. Attach a signed copy of your 2019 Form 1040ME, including Schedule PTFC (Property Tax Fairness Credit).
3. Return the application to:

Mary Starr, Senior Volunteer Coordinator  
City Hall Annex  
11 Cutts Ave.  
Saco, ME 04072.

4. Application deadline for the 2019 tax year is **September 1, 2020**. You must complete an application annually in order to participate in the program. Program is subject to council approval on a yearly basis. You must receive the State Property Tax Fairness Credit for the previous tax year in order to be eligible for the City of Saco program. Other documentation (proof of property tax payment, proof of residency, proof of rent payment etc.) will be required before a credit is issued.

**If you have any questions or need assistance completing the application, please contact Mary Starr, Senior Volunteer Coordinator at 207-710-2654 or [mstarr@sacomaine.org](mailto:mstarr@sacomaine.org).**



2020-2021  
Senior Tax Assistance Match Program (STAMP)  
APPLICATION

Application Deadline- September 1, 2020

PLEASE PRINT LEGIBLY

General Information

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Age: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Number of years living at above address: \_\_\_\_\_ Number of years living in Saco: \_\_\_\_\_

Phone Number: 207-\_\_\_\_\_ Email address: \_\_\_\_\_

Map and Lot number as it appears on Tax Bill: Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Please Answer the Following Questions:

1. Has the applicant paid taxes, or rent, on a primary residence in the City of Saco at the time of application and for 10 years prior to the date of application? YES \_\_\_ NO \_\_\_
2. Has the applicant filed the **required** Form 1040ME and the Property Tax Fairness Credit (PTFC) for the year? The City will seek documentation from Maine Revenue Services (Permission Form) of proof and dollar amount of the PTFC received. YES \_\_\_ NO \_\_\_
3. Will the applicant be at least 70 years old as of April 1, 2020? YES \_\_\_ NO \_\_\_
4. If the applicant owns a home, has the applicant applied for a homestead exemption and paid property taxes in full for the year in which the refund is requested? YES \_\_\_ NO \_\_\_
5. If the applicant rents their homestead, has the applicant paid in full all rent due during the year for which the refund is requested? Renters should also complete **APPENDIX A** of the application. YES \_\_\_ NO \_\_\_

**To the best of my knowledge the statements in this application are true.**

Applicant signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_



## Property Tax Fairness Credit

### PERMISSION FORM

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City of Saco Senior Tax Assistance Match Program supplementary permission form for seeking Property Tax Fairness Credit information from the State on behalf of the applicant.

I, hereby, authorize Maine Revenue Services (MRS) to provide information relative to my Property Tax Fairness Credit to the City of Saco. I understand that the information provided by MRS will include the full amount of the credit for which I was eligible. MRS will provide the credit information only if this form has been signed by the credit recipient. The information so provided is intended to be used solely for the purpose of determining my eligibility under the City of Saco's Senior Tax Relief Ordinance (Chapter 175). The City of Saco agrees upon receipt of this form and under penalties of applicable law to hold all taxpayer information contained in this form in strict confidence under applicable laws and to use the information contained in this form strictly for the purposes stated herein.

Year for which the information is being sought: \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Property Address \_\_\_\_\_

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## Appendix A

### Landlord and Tenant Rent Payment Confirmation (Please fill out this form only if you rent a homestead.)

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**PLEASE PRINT LEGIBLY**

Applicant's Name: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Mailing Address of Property Being Rented:

\_\_\_\_\_  
\_\_\_\_\_

Number of years living at above address: \_\_\_\_\_ Rent paid per month: \_\_\_\_\_

Amount of rent paid by tenant to Landlord during 2019: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed applications, including all required attachments, to Mary Starr, Senior Volunteer Coordinator, City Hall Annex 11 Cutts Ave. Saco, Maine 04072 or send via email to [mstarr@sacomaine.org](mailto:mstarr@sacomaine.org).

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**CITY USE ONLY**

- Application Date \_\_\_\_\_
  - DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Verification: DL \_\_\_\_\_ BC \_\_\_\_\_ Other \_\_\_\_\_
  - Length of Residency: Voter Registration \_\_\_\_\_ Other \_\_\_\_\_
  - Homestead Ownership: Property Records \_\_\_\_\_ Other \_\_\_\_\_
  - Permission Form attached
  - Appendix A completed (Renters)
  - Property Taxes or Rent Paid Prior Year
  - Approved: Amount of Tax Credit awarded \$ \_\_\_\_\_
  - Denied: Reason for Denial: \_\_\_\_\_
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\_\_\_\_\_  
Mary Starr, Senior Volunteer Coordinator

Date \_\_\_\_/\_\_\_\_/\_\_\_\_